



REQUEST TO EXAMINE AND/OR COPY
PUBLIC RECORDS

Visit us online at: www.storycountyiowa.gov

Use of all, part or none of this form is optional and has no bearing on the response you will receive. Requests of an anonymous nature will also be honored. This form is merely offered for convenience only. Please note that this form is not confidential and may itself be subject to public disclosure pursuant to Iowa Code Chapter 22.

Requestor's Name _____

Address: _____

City /State/Zip: _____

Phone Number: _____

E-mail Address: _____

Description of Record or Information Requested: (be as specific as possible): _____

Please tell us if you would like the record copied and sent to you by mail, whether you will pick it up or whether you would simply like to examine it. _____

Signature of Requestor

Date of Request

You may expect a response to a request for non-confidential public information within ten (10) business days.

Office Use Only:

Date Received:

Response Date: _____

Records Available? Yes / No

Copies Made? Yes / No

How Many?

Fees Charged: \$

If request denied, provide reason: _____

